T

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014598

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED APR 24 1962

Registration District No. ____ Primary Registration District No. 3013 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NO. KANSAS CITY
Length of stay in 1b: 6 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.K.C. HOSPITAL
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY CLAY
c. CITY OR TOWN KANSAS CITY
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 8010 N. OAK TFWY
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARY Middle MABLE Last PURSELL

4. DATE OF DEATH: Month 4 Day 16 Year 62

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 7-18-94

9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Recd. Dept.

10b. KIND OF BUSINESS OR INDUSTRY: MACYS

11. BIRTHPLACE (City and state or country): MIAMI CO. KANS. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: JOHN K. FOSTER

13b. MOTHER'S MAIDEN NAME: CLARA ALLIE OSMAN

14. NAME OF HUSBAND OR WIFE: PAUL E. PURSELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of servic

16. SOCIAL SECURITY NO. 9

17. INFORMANT: DAMON H. PURSELL
Address 8010 NO. OAK
K.C.N.Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suspected Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary Sigmoid Colon
DUE TO (c) ____
INTERVAL BETWEEN ONSET AND DEATH? 1yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-16-55 to death and last saw her alive on 2-16-62
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P. Fulcumbam MD

22b. ADDRESS 2025 Swope Pkwy KCMo

22c. DATE SIGNED 4/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 4-18-62

23c. NAME OF CEMETERY OR CREMATORY City Cemetery

23d. LOCATION (City, town, or county) Paola State KANSAS

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar 3325 Vivion Rd. K.C. 19. Mo

25. DATE RECD. BY LOCAL REG. 2-17-62

26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	6004	26004	
3			
4	1		
5	2		
6			
7	1		
8	0		
9	153.3		
10			
11			
12	6-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K. C. 97 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.